

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)		09/868040		
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1							51				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL							TOTAL				
IND.							IND.				
DEP.							DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				